

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/28448

FILING DATE

3/18/05

APPLICANT(S)

(A.N.E.) 50 CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1		1	
4				1		1
5			1		1	
6				1		1
7			1		1	
8				7		1
9				7		1
10			1		1	
11				1		1
12			1		1	
13				1		1
14				4		4
15				7		4
16			1		1	
17					1	
18				(1)		(1)
19			1		1	
20				1		(1)
21				(1)		(1)
22			1		1	
23				(1)		(1)
24			1		1	
25				1		1
26				2		2
27				(1)		(1)
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48						
49						
50						
TOTAL IND.		↓	11	↓	10	↓
TOTAL DEP.	←		38	←	19	←
TOTAL CLAIMS			49		29	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						